STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. \$/2007) Statement On Reverse Side CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER* DEPARTMENT Terri Delgadillo **Developmental Services** POSITION CB/ID NUMBER DIVISION OR BUREAU INDEX NUMBER Director E99 DIRECTOR'S OFFICE 473-001 RESIDENCE ADDRESS* **HEADQUARTERS ADDRESS** TELEPHONE NUMBER 1600 9th Street, Room 240 654-1897 CITY STATE ZIP CODE CITY STATE ZIP CODE Sacramento CA 95814 (1) NORMAL WORK HOURS (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED 8a to 5p \$.55 (4) MONTHYTEAR (6) (7) MEALS (8) TRANSPORTATION (10) (11) (12) O.T., L/T., N/C. RELO. OR DINNER (C) CARFARE, TOLLS, PARKING WHERE EXPENSES WERE INCURRED (A) COST OF TRANS. (B) TYPE USED (D) PRIVATE CAR USE TOTAL BREAK-INCIDEN TALS BUSINESS FOR DAY LODGING FAST LUNCH EXPENSE DATE | TIME MILES AMOUNT 0.00 (13) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 COLUMN CODE (ACCTG, USE ONLY) **CLAIM TOTAL** \$0.00 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouctiers when required) AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

		2	
	<i>*</i> ,		
15) I HEREBY CERTIFY That the above is a trued, and if mileage rates exceed the minim SAM Sections 0750, 0751, 0752, 0753 and 0	ue statement of the travel expenses incomment of the travel expenses incomments, I certify that the cost of operations are traveled to the state of	urred by me in accordance with DPA rules in the service of the State of Cattornia. If ling the vehicle was equal to or greater than the rate claimed, and that I have met the it belt usage.	a privately owned vehicle was requirements as prescribed by
AIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
3.		8.	
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE